

Cycle Date: 11/04/2003

Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404920	Alamance-Caswell	8599	9599	Detail not covered by combination of recipient, provider and benefit package.	1034	11433	20750	9317
		191	398	Client ID number does not match patient name.				
		537	248	Procedure is not covered for this date of service.				
3404943	Albemarle	21	100	Duplicate of claim-system.	18	251	1410	1159
		8599	56	Detail not covered by combination of recipient, provider and benefit package.				
		8518	28	Claim denied, submitted beyond filing timelimit. May and June DOS must be submitted by the end of August.				
3404902	Blue Ridge	8518	11	Claim denied, submitted beyond filing timelimit. May and June DOS must be submitted by the end of August.	0	11	11	0
3404912	Catawba				0	0	0	0
3404917	Centerpoint	8599	3291	Detail not covered by combination of recipient, provider and benefit package.	101	3718	4556	838
		8326	176	Attending provider number is required when billed with group number. Add attending number and submit as a new claim.				
		120	53	Client ID number missing or invalid.				
3404916	Crossroads	8621	2	60 residential level III treatment received, PA is required for additional service.	1	3	191	188
3404927	Cumberland	8599	124	Detail not covered by combination of recipient, provider and benefit package.	49	280	2763	2479
		8518	37	Claim denied, submitted beyond filing timelimit. May and June DOS must be submitted by the end of August.				
		8517	18	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of the fiscal year.				
3404959	Davidson	8524	13	Claim denied, provider must be designated as a billing provider.	0	13	13	0

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3404922	Durham	21	3285	Duplicate of claim-system.	0	3955	7004	3049
		143	252	Client ID not on State eligibility file.				
		8599	208	Detail not covered by combination of recipient, provider and benefit package.				
3404944	Eastpointe	8599	78	Detail not covered by combination of recipient, provider and benefit package.	153	310	3902	3592
		8518	22	Claim denied, submitted beyond filing timelimit. May and June DOS must be submitted by the end of August.				
		8517	18	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of the fiscal year.				
3404937	Edgecombe-Nash				0	0	0	0
3404946	Foothills	143	1326	Client ID not on State eligibility file.	479	4020	20753	16733
		537	740	Procedure is not covered for this date of service.				
		8599	492	Detail not covered by combination of recipient, provider and benefit package.				
3404919	Guilford	8599	245	Detail not covered by combination of recipient, provider and benefit package.	170	873	4337	3464
		8517	174	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of the fiscal year.				
		191	70	Client ID number does not match patient name.				
3404930	Johnston				0	0	1	1
3404929	Lee-Harnett	21	267	Duplicate of claim-system.	14	633	1115	482
		8517	119	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of the fiscal year.				
		8518	106	Claim denied, submitted beyond filing timelimit. May and June DOS must be submitted by the end of August.				
3404913	Mecklenburg	8599	1937	Detail not covered by combination of recipient, provider and benefit package.	440	3438	7207	3769
		8505	949	Claim denied due to insufficient budget.				
		120	41	Client ID number missing or invalid.				

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3404939	Neuse				0	0	0	0
3404979	New River	8599	106	Detail not covered by combination of recipient, provider and benefit package.	43	156	606	450
		21	4	Duplicate of claim-system.				
		8632	2	Six occurrences of AMAO services have been processed and paid, PA is required for additional service.				
3404934	Onslow	8599	18	Detail not covered by combination of recipient, provider and benefit package.	2	70	214	127
		8517	16	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of the fiscal year.				
		8518	14	Claim denied, submitted beyond filing timelimit. May and June DOS must be submitted by the end of August.				
3404921	OPC	5312	472	Prior authorized dollars exceeded.	93	1017	4326	3309
		8599	150	Detail not covered by combination of recipient, provider and benefit package.				
		120	142	Client ID number missing or invalid.				
3404910	Pathways	8517	16	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of the fiscal year.	0	16	178	161
3404924	Piedmont	8525	529	Claim denied, referring provider must be an LMA.	0	556	556	0
		191	27	Client ID number does not match patient name.				
3404941	Pitt				0	0	0	0
3404932	Randolph	8599	49	Detail not covered by combination of recipient, provider and benefit package.	65	212	1223	1011
		21	45	Duplicate of claim-system.				
		120	29	Client ID number missing or invalid.				

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3404938	Riverstone				0	0	0	0
3404942	Roanoke-Chowan	8517	51	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of the fiscal year.	10	157	778	621
		8599	28	Detail not covered by combination of recipient, provider and benefit package.				
		143	22	Client ID not on State eligibility file.				
3404918	Rockingham	8599	42	Detail not covered by combination of recipient, provider and benefit package.	17	73	1885	1809
		27	5	Diagnosis code missing or invalid. Verify and enter the correct diagnosis code and submit as a new claim.				
		5404	3	Severe duplicate: same atttd prov/pcode/tos/dos/mod.				
3404907	Rutherford-Polk				0	0	0	0
3404925	Sandhills	8505	803	Claim denied due to insufficient budget.	63	1046	1770	724
		8599	70	Detail not covered by combination of recipient, provider and benefit package.				
		8800	39	Futher processing necessary, please check for claim on future RA's.				
3404901	Smoky Mountain	8599	14	Detail not covered by combination of recipient, provider and benefit package.	25	39	377	338
3404933	Southeastern Center	8505	315	Claim denied due to insufficient budget.	44	431	3324	2893
		8000	19	No rate available to price this claim detail.				
		8800	13	Futher processing necessary, please check for claim on future RA's.				
3404926	Southeastern Regional	8599	168	Detail not covered by combination of recipient, provider and benefit package.	168	582	6023	5441
		5404	83	Severe duplicate: same atttd prov/pcode/tos/dos/mod.				
		537	32	Procedure is not covered for this date of service.				

Cycle Date: 11/04/2003

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3404957	Tideland	8599	144	Detail not covered by combination of recipient, provider and benefit package.	76	251	2253	2002
		8505	9	Claim denied due to insufficient budget.				
		191	9	Client ID number does not match patient name.				
3404905	Trend	8518	1387	Claim denied, submitted beyond filing timelimit. May and June DOS must be submitted by the end of August.	3	3892	6397	2505
		8599	1008	Detail not covered by combination of recipient, provider and benefit package.				
		8517	553	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of the fiscal year.				
3404923	VGFW	21	27	Duplicate of claim-system.	0	69	257	188
		8599	23	Detail not covered by combination of recipient, provider and benefit package.				
		8517	7	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of the fiscal year.				
3404931	Wake	8505	230	Claim denied due to insufficient budget.	3	242	274	32
		8599	6	Detail not covered by combination of recipient, provider and benefit package.				
		8800	3	Futher processing necessary, please check for claim on future RA's.				
3404936	Wilson-Greene	8621	25	60 residential level III treatment received, PA is required for additional service.	46	113	859	746
		8599	11	Detail not covered by combination of recipient, provider and benefit package.				
		21	9	Duplicate of claim-system.				